

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		3				
6		2				
7						
8		3				
9		3				
10		2				
11		2				
12		1				
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50						
TOTAL IND.	1					
TOTAL DEP.		26				
TOTAL CLAIMS		27				

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						